



Ministères Haïtiens  
Convention Baptiste de la Floride

Tout Près de Vous.

140 East 7<sup>th</sup> Street. Hialeah, FL 33010 | Tel. (305) 537-4060

**OFFICIAL REGISTRATION FORM - 2017  
STATEWIDE HAITIAN YOUTH CAMP**  
Please print and return completed form

**Name:** STATEWIDE HAITIAN YOUTH CAMP

**Age Group:** 13-18 Years Old

**Date:** Friday, June 23<sup>rd</sup> to Monday, June 26<sup>th</sup>, 2017

**Location:** Lake Yale Baptist Conference Center

Check-in will begin at 4:00pm on Friday, June 23<sup>rd</sup>, 2017. Everyone MUST be registered and animals are NOT allowed!

**CAMP RULES AND REGULATIONS MUST ALSO BE SIGNED BY PARENT/LEGAL GUARDIAN AND PASTOR**

**Participation Fees: (Includes FREE Lodging, Meals, Camp T-shirt, Indoor/Outdoor Activities, and Program)**

\*\*\* Early Registration (From February 1 - March 31, 2017): \$150.00 Per Person.

\*\*\* Main Registration (From April 1<sup>st</sup> – June 3<sup>rd</sup>, 2017): \$175.00 Per Person.

\*\*\* **Registration forms will be accepted until, June 5<sup>th</sup>, 2017. NO EXCEPTIONS.**

Registration will NOT be accepted at "Lake Yale". Participants may also download the application and mail it, with payment, to the provided address below.

.....  
**Registrant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Church Information**

Church Name (No abbreviations): \_\_\_\_\_  
Church Address (Include City/Zip): \_\_\_\_\_  
Senior Pastor's Name (Last, First): \_\_\_\_\_  
Pastor's Contact Information: \_\_\_\_\_

**Counselors:** Church is required to send One adult counselor for every group of 7 students (Male counselor for male students and female counselor for female students). Level 2 background check is REQUIRED for all counselors.

**Total of people attending:** \_\_\_\_\_ (#Adult Counselors: \_\_\_\_\_ #Youth: \_\_\_\_\_) **Total Cost:** \$ \_\_\_\_\_

**Camp Information/Background**

Conference Attendance:  1<sup>st</sup> time Camper  Returning Camper  
Interested in volunteering/serving at future camps:  Yes  No

**Ministry Interests (Affinity Session):** Select **ONLY 1** from the list below (This is your additional church ministry training):

- Children/Youth/Sunday School Ministry
- Men's/Women's Ministry
- Worship/Music Ministry
- Undecided (Help me decide!)
- Media Ministry
- Missions/Evangelism
- Pastoral/Preaching Ministry
- Other: \_\_\_\_\_

**Payment Information:**

Please make CHECKS payable to **FLORIDA BAPTIST CONVENTION** and send payment along with the completed forms to **140 EAST 7TH STREET, HIALEAH, FL 33010**. If you wish to pay with credit card, please complete the information below:

Cardholder's Name: \_\_\_\_\_ Circle one: VISA - MasterCard - Discover  
Cardholder's Billing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Card Acct. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Cancellation:** If unable to attend for any reasons and wish to cancel after having registered, a WRITTEN request must be submitted to Donatha Norde at [dnorde@flbaptist.org](mailto:dnorde@flbaptist.org) at least one week prior to the event.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_